								Application or Docket Number						
•	<u>C</u> ATENT		09	ļŗ	154	775								
		CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)						SMALL TYPE	ENTITY	. OR	OTHER			
TC	TAL CLAIMS							RATE	FEE]	RATE	FÉE		
FC	R		NUMBER FILED NU			ER EXTRA	BASIC F		985.00	OR	BASIC FEE	770.00		
TO	TAL CHARGE	mir	ius 20=	•				X\$ 9=		XS18=				
	EPENDENT C		กนร 3 =				X43= .		OR	X86≈				
ML	LTIPLE DEPEN	NDENT CLAIM P	RESENT					+145 =		OR	+290=			
- 11	If the difference in column 1 is less than zero, enter "0" in column 2					4	TOTAL		OR	TOTAL				
	C	(Column 1) (Column 2) (Column 3)						SMALI	ENTITY	OR	OTHER SMALL			
NTA		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+145=		OR	+290=			
	4/20/05	<i>_</i>	(Column 2) (Column 3)					TOTA ADDIT. FE		OR				
AMENDMENT B	77.0	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
Ş Q	Total	.46	Minus	-23	1	-	H	X\$ 9=		OR	X\$18=			
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L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+145=		OR	+290=			
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		(Column 1)		(Colum		(Column 3)			•			•		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE		
5	Total	. 46	Minus	••	46	= -		X\$ 9=		OR	X\$18=			
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"If the erby in column 1 is less than the entry in column 2, write "O" in patients 3. "If the Provincesh Number Provincesh Paid Por. IN THIS SPACE is less than 20, enter 20." ADDIT, FEE														
	The "Highest Nur	nber Previously Pa	s For (Total o	r Independe	आर्थ) के प्राप्त	highest numbe			•			•		
							244	-A sad Vest	emant Office U	6 00	PARTMENT OF	COMMERCE		

	PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number					
	Effective December 8, 2004								09/754775						
1		CLAIM:		AS FILED - PART I					LENT	LENTITY			OTUE TO		
	TOTAL CLA	MMS	(Col	(Column 1) (Column 2)				TYPE		OR OR			OTHER THAN SMALL ENTIT		
I	FOR			NUMBER FILED NUMBER EXTRA			_	RA.		FEE		RAT	E FEE	:	
	TOTAL CHAR	IGEABLE CLAIM		NUMBER FILED NUMBER EX			4	BASIC	FEE 1	50.00	OF	BASIC	FEE 300.0	0	
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[If the differe	nce in column 1	is less than	ess than zoro, onto: 40%				+180=		OR		+360:			
ŀ	* If the difference in column 1 is less than zero, enter *0* in column 2							TOTA	IL _		OR	TOTAL		7	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3) SM								L ENT	1 T V	OR	OTHE	R THAN	7	
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abla		CLAIMS REMAINING		HIGHEST NUMBER		column 3)			ADDI-	-	_				
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T,	IRST PRESE	X10)U=		OR	X	200=								
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H t	I the entry in column 1 is less than the entry in column 2, write "0" in column 3. I the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." And "Highest Number Previously Paid For" (Triple In the "Highest Number P							TAL FEE		OR		TOTAL T. FEE			
The	e 'Highest Numb	er Previously Pald	For (Total or In	idependent) is t	he high	enter 3. est number fo	und in U	ne appro	priate bo	- ix in co	lumn 1	. FCE			
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